

PETITION FOR REMOVAL

EXHIBIT 4

3840
Daniel T. Hayward, Esq.
Nevada State Bar No. 5986
BRADLEY, DRENDEL & JEANNEY
P.O. Box 1987
Reno, NV 89505
Telephone No. (775) 335-9999
Facsimile No. (775) 335-9993
Attorney for Plaintiff

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE

PATRICIA LEVY, an individual,
Plaintiff,

Case No. CV22-01098

Dept. No. 9

v.

WALMART INC., a foreign corporation
doing business in the State of Nevada;
JOHN DOES I through X, inclusive; ABC
CORPORATIONS I through X, inclusive;
and BLACK AND WHITE COMPANIES I
through X, inclusive,

Defendants.

REQUEST FOR EXEMPTION FROM ARBITRATION

Plaintiff, PATRICIA LEVY, by and through her counsel of record, Daniel T. Hayward, Esq.
of the law firm of Bradley, Drendel and Jeanney, hereby requests that the above-entitled matter be
exempted from arbitration pursuant to Nevada Arbitration Rules 3 and 5, as this case involves a
probably jury award value in excess of \$50,000, exclusive of interests and costs.¹

A specific summary of the facts which support this *Request for Exemption* are as follows:

Description of the accident

On July 17, 2020 Patricia Levy, then age 52, was shopping at Walmart at approximately 9:00

¹
NAR 3(A) provides, in relevant part, "All civil cases commenced in the district courts that
have a probable jury award value not in excess of \$50,000 per plaintiff, exclusive of interest and
costs, and regardless of comparative liability, are subject to the program,"

1 a.m. Ms. Levy was kneeling down to get coffee creamer when a Walmart employee – who was
2 pushing a four-tier stocking cart -- inadvertently but carelessly rammed into Ms. Levy. The Walmart
3 assistant manager attended to Ms. Levy and completed an incident report.

4 **Ms. Levy's course of treatment**

5 Ms. Levy presented to the Emergency Department at Renown Regional Medical Center for
6 back pain that radiated through the right hip into the right buttocks. Dr. Scott Shepherd ordered
7 imaging to the lumbar spine, which revealed mild retrolisthesis at L3-4, and mild degenerative disc
8 disease and facet arthropathy. Dr. Shepard opined that Ms. Levy sustained a contusion muscular
9 injury. Ms. Levy was instructed to follow-up with her primary care physician if her symptoms
10 worsened.

11 Ms. Levy's right-sided back and hip pain continued for days following the incident. She also
12 began to experience pain to her right shoulder blade. Her pain was aggravated by bending,
13 positioning and twisting. She presented to her primary care physician at Renown Health on July 20,
14 2020 for a follow-up. Dalton James, PA-C, ordered x-ray imaging to the right hip. Mr. James
15 diagnosed Ms. Levy with a low back strain and contusion as well as right hip strain and contusion.
16 She was ordered to physical therapy to strengthen and increase range of motion.

17 She attended approximately 12 physical therapy sessions at Renown Physical Therapy
18 between July 30, 2020 through September 29, 2020. Physical therapy provided minimal long-term
19 relief: she felt better for a short period of time, followed by increased pain and stiffness to her low
20 back and right hip.

21 Ms. Levy presented to Northern Nevada Chiropractic between August 28, 2020 through
22 March 29, 2022 for a total of 37 treatment visits with Dr. Nicholas Riley.

23 Ms. Levy returned to Renown Health on December 22, 2020 for a follow-up visit. Her low
24 back, sciatica and right hip pain was persistent that impacted her daily living. Courtney Parento,
25 APRN, referred her to physiatry for further evaluation.

26 On February 24, 2021 Ms. Levy presented to Renown Physiatry for an evaluation with Dr.
27 Seneca Storm for persistent lumbosacral, sacroiliac and right hip pain. Dr. Storm discussed right

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1 sacroiliac joint injection, which was performed on March 17, 2021 at Renown Regional Medical
2 Center.

3 Dr. Storm ordered an MRI to the lumbar spine which was done on March 16, 2021. The
4 imaging revealed a minimal disc bulge at L2-3, and mild disc bulge with facet arthropathy at L3-4,
5 and mild facet arthropathy at L4-5.

6 The right sacroiliac joint injection provided no relief. Ms. Levy continued to experience
7 aching and burning pain to the right-side of her low back and into her gluteal region. She returned
8 to Dr. Storm on March 26, 2021. Dr. Storm opined that Ms. Levy could have a possible tear in the
9 anterior sacroiliac ligament, and recommended diagnostic blocks in order to localize the right hip
10 pain. Unfortunately, Ms. Levy was overwhelmed with the pain and elected to postpone the diagnostic
11 block. Dr. Storm instructed her to continue with the home regimen program and prescribed
12 Gabapentin with instructions to return in six weeks for a follow up.

13 She returned to Dr. Storm on May 18, 2021 for a follow-up. Ms. Levy noted that the
14 prescribed Gabapentin alleviated the burning pain. Dr. Storm opined that Ms. Levy had a possible
15 femoracetabular impingement to the right hip. Dr. Storm ordered an MRI to the pelvis, which was
16 done on June 6, 2021. She was instructed to continue with the prescribed medication and the home
17 regimen program.

18 Ms. Levy returned to Dr. Storm on June 10, 2021 for an MRI review. Dr. Storm opined that
19 the imaging revealed tendinosis of the gluteus medius and minimis bilaterally, and mild hip
20 osteoarthritis. Dr. Storm recommended gluteus medius strengthening exercises, and a possible
21 diagnostic and therapeutic right hip intra-articular injection, which was performed on June 23, 2021.

22 Ms. Levy presented to her post-injection follow-up with Dr. Storm on July 28, 2021. Ms.
23 Levy reported that she had brief improvement to her right hip after the June 23, 2021 injection but
24 the pain returned. She explained that the severe burning sensation decreased but still experienced
25 aching. Dr. Storm increased her Gabapentin for a third time to help with the burning pain. Ms. Levy
26 was referred to an orthopedic surgeon for an evaluation.

27 On August 6, 2021 Ms. Levy presented to Reno Orthopedic Clinic upon a referral from Dr.
28 Storm for the continued right hip pain. Dr. Sanjai Shukla ordered a right hip MRI. The imaging

1 revealed mild arthritis, narrowing of her joint space and subchondral sclerosis. Dr. Shukla referred
2 Ms. Levy to the spine team with Dr. Goz for further evaluation.

3 Ms. Levy's low back and right hip pain continued. She became frustrated with aggravated
4 pain. Ms. Levy presented to Spine Nevada on October 21, 2021 for a second opinion with Dr. Hugh
5 McDermott per Dr. Storms referral. Dr. McDermott recommended continued right steroid joint
6 injection which was performed on December 2, 2021. Ms. Levy was instructed to return in one
7 month for a follow-up.

8 She returned to Dr. McDermott on January 6, 2022 for the follow-up visit. She noted that the
9 December 2, 2021 right hip steroid injection provided relief but the pain returned later. Dr.
10 McDermott ordered a second set of steroid injections which were done on February 3, 2022 and
11 again on April 29, 2022 with only temporary relief. Dr. McDermott also opined that Ms. Levy would
12 be a great candidate for a right sacroiliac joint fusion.

13 Ms. Levy retained Dr. Robert G. Berry, Jr. M.D., a Board Certified Spine Specialist, for a
14 future surgery and treatment cost for the recommended SI joint fusion. Dr. Berry opined, within a
15 reasonable degree of medical probability, that Ms. Levy's future treatment would will an average of
16 \$34,076.77.

17 Ms. Levy has since scheduled the planned SI joint fusion to take place on or about September
18 22, 2022.

19 In the interest of brevity, Plaintiff has not attached her medical records as exhibits. However,
20 she will promptly produce them to Defendant pursuant to NRCP 16.1 so that they will be available
21 to Defendant if they chose to prepare an opposition to this *Request for Exemption*.

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Ms. Levy's past and future medical bills

The following is a summary of Ms. Levy's accident-related medical bills incurred to date, along with an estimate of her future medical expenses:

DATE	PROVIDER	AMOUNT
07/17/2020 - 07/28/2021	Renown Health	\$25,301.00
07/17/2020 - 06/06/2021	Reno Radiological Associates, Chtd.	\$795.00
07/17/2020	Northern Nevada Emergency Physicians	\$373.00
08/03/2020 - 08/28/2020	Northern Nevada Chiropractic	\$4,021.00
08/06/2020 - 08/16/2020	Reno Orthopaedic Clinic	\$934.00
10/21/2021 - 04/29/2022	Spine Nevada	\$7,397.47
	TOTAL:	\$38,821.47
Future SI joint fusion and associated care (scheduled for September 22, 2022)	Per the opinion of Robert G. Berry, M.D.	\$34,076.77
	GRAND TOTAL:	\$72,898.24

Attached as **Exhibit 1** are Ms. Levy's medical bills which we have received to date. Please also see the May 27, 2022 *Medical Record Review / Future Medical Care* analysis by Robert G. Berry, M.D., as **Exhibit 2**.

The amount of damages at issue in this matter exceeds the \$50,000 because the *total* value of Ms. Levy's past and estimated future medical bills is \$72,898.24. Further, hip surgery upon which the future medical expense estimate is based is not merely a possibility or hypothetical – it has been scheduled to take place on September 22, 2022. Those estimated future expenses will soon be actual, past expenses.

For the foregoing reasons, I hereby certify pursuant to NRCP 11 that this case is within the exemption outlined above and I am aware of the sanctions which may be imposed against any attorney or party who, without good cause or justification, attempts to remove a case from the arbitration program.

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AFFIRMATION PURSUANT TO NRS 239B.030

The undersigned does hereby affirm that the preceding document does not contain the social security number of any person.

Dated this 24th day of August, 2022.

BRADLEY, DRENDEL & JEANNEY



Daniel T. Hayward, Esq.
Attorney for Plaintiff

CERTIFICATE OF SERVICE

Pursuant to N.R.C.P. 5(b), I certify that I am an employee of BRADLEY, DRENDEL & JEANNEY, and that on this date, I served a true and correct copy of the foregoing on the party(s) set forth below by:

_____ Placing an original or true copy thereof in a sealed envelope placed for collection and mailing in the United States Mail, at Reno, Nevada, postage prepaid, following ordinary business practices

_____ Personal Delivery

_____ Facsimile

_____ Federal Express/Airborne Express/Other Overnight Delivery

_____ Reno-Carson Messenger Service

XXX All parties signed up for electronic filing have been served electronically, all others have been served by placing a true copy thereof in a sealed envelope placed for collecting and mailing in the United States mail, at Reno, Nevada, postage prepaid, following ordinary business practices

addressed as follows:

Troy A. Clark, Esq.
Resnick & Louis, P.C.
8925 West Russell Road, Suite 220
Las Vegas, NV 89128

DATED this 24th day of August, 2022.


Araceli Garibay

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EXHIBIT LIST

<u>No.</u>	<u>Description</u>	<u># of Pages</u>
1.	Plaintiff's Medical Bills (SSN and DOB redacted).....	1
2.	May 27, 2022 <i>Medical Record Review / Future Medical Care</i> analysis by Robert G. Berry, M.D.	2

FILED
Electronically
CV22-01098
2022-08-24 03:17:47 PM
Alicia L. Lerud
Clerk of the Court
Transaction # 9224271

EXHIBIT 1

EXHIBIT 1

PATRICIA C LEVY
1915 BRISBANE AVE #A
RENO, NV 89503-1415

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA REPRINT BY SREELEKH:ARTIND

PICA

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) CPR126A50212	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) LEVY, PATRICIA C		3. PATIENT'S BIRTHDATE MM DD YY [REDACTED] M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) 1915 BRISBANE AVE #A		6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY RENO	STATE NV	CITY RENO	STATE NV
ZIP CODE 89503-1415	TELEPHONE (Include Area Code) (775) 544 7760	ZIP CODE 89503-1415	TELEPHONE (Include Area Code) (775) 544 7760
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. RESERVED FOR LOCAL USE	
11. INSURED'S POLICY GROUP OR FECA NUMBER SB030A		11. INSURED'S DATE OF BIRTH MM DD YY 03 18 1968 M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 07 17 20 QUAL 431		15. OTHER DATE MM DD YY QUAL	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE NO ORDERED OR REFERRED SERV		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) A. M54.5 B. C. D. E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY 07 17 20 07 17 20 23 Y 99283		24. B. PLACE OF SERVICE EMG A	
24. C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER 99283		24. D. DIAGNOSIS POINTER A	
24. E. \$ CHARGES 373.00		24. F. DAYS OR UNITS 1	
24. G. EPSDT Family Plan NPI		24. H. ID. QUAL. 1033183470	
24. I. RENDERING PROVIDER ID. # 1033183470		24. J. NPI	
25. FEDERAL TAX I.D. NUMBER 88 0303529		26. PATIENT'S ACCOUNT NO. 0090013812	
27. ACCEPT ASSIGNMENT? (For govt. claims, seeback). <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 373.00	
29. AMOUNT PAID \$		30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SCOTT SHEPHERD MD SIGNED SOF 08/14/20 DATE		32. SERVICE FACILITY LOCATION INFORMATION RENOWN REGIONAL MED CTR 1155 MILL ST RENO, NV 89502-1576 a. 1124098421 b.	
33. BILLING PROVIDER INFO & PH # (800) 225-0953 NORTHERN NEVADA EMERGENCY PHYS P.O. BOX 734549 CHICAGO, IL 60673-4549 a. 1275568479 b. CC3240			

RENOWN IMAGING
1155 Mill Street
RENO NV 89502-1576

Levy, Patricia Colleen
MRN: 0377727, DOB: [REDACTED] Sex: F
Visit date: 7/20/2020

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 20395579
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Emergency
Attending Physician: Scott F Shepherd, M.D.

Admit Date: 07/17/20
Discharge Date: 07/17/20

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Hospital Charges

Rev. Code	Service Date	Cost Center Code	Description	CPT/ HCPCS	Qty.	Amount
0320	07/17/2020	200251	HCHG X-RAY LUMBAR SPINE 2/3 VW	72100	1	560.00
0450	07/17/2020	200323	HCHG LEVEL III INTERMEDIATE	99283	1	1,898.00
Total hospital charges:						2,458.00

Hospital Payments and Adjustments

Date	Description	Amount
07/29/20	Anthem Adjustments	-695.00
Total hospital payments and adjustments:		-695.00

Account Balance: 1,763.00

RENOWN IMAGING
1155 Mill Street
RENO NV 89502-1576

Levy, Patricia Colleen
MRN: 0377727, DOB: [REDACTED] Sex: F
Visit date: 7/20/2020

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 20412883
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Dalton James, P.A.-C.

Admit Date: 07/20/20
Discharge Date: 07/20/20

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor: Anthem - Anthem Bcbs

Professional Charges

Service Date	Proc. Code	Description	Qty.	Amount
07/20/2020	9056	KETOROLAC TRO 60 MG	2	1.00
07/20/2020	95372	INJECTION THERAP/CPH/DIAGNOST, IM OR SU*	1	53.00
07/20/2020	99204	OFFICE/OUTPT VISIT,NEW,LEVL IV	1	341.00
Total professional charges:				395.00

Professional Payments and Adjustments

Date	Description	Amount
08/07/20	Anthem Payments	-238.24
08/07/20	Anthem Adjustments	-114.03
07/20/20	CO-PAYMENT	-35.00
07/31/20	POS PAYMENT	-7.73
Total professional payments and adjustments:		-395.00

Account Balance: 0.00

RENOWN IMAGING
1155 Mill Street
RENO NV 89502-1576

Levy, Patricia Colleen
MRN: 0377727, DOB: [REDACTED] Sex: F
Visit date: 7/20/2020

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 20413646
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Dalton James, P.A.-C.

Admit Date: 07/20/20
Discharge Date: 07/20/20

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor: Anthem - Anthem Bcbs

Professional Charges

Service Date	Proc. Code	Description	Qty.	Amount
07/20/2020	73501	X-RAY HIP W/WO PELVIS UNI 1 VW	1	399.00
Total professional charges:				399.00

Professional Payments and Adjustments

Date	Description	Amount
08/07/20	Anthem Payments	-23.87
08/07/20	Anthem Adjustments	-369.17
07/31/20	POS PAYMENT	-5.96
Total professional payments and adjustments:		-399.00

Account Balance: 0.00

RENOWN IMAGING
1155 Mill Street
RENO NV 89502-1576

Levy, Patricia Colleen
MRN: 0377727, DOB: [REDACTED] Sex: F
Visit date: 7/20/2020

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 20443046
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Recurring
Attending Physician: Dalton James, P.A.-C.

Admit Date: 07/30/20
Discharge Date: 07/31/20

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Hospital Charges

Rev. Code	Service Date	Cost Center Code	Description	CPT/ HCPCS	Qty.	Amount
0420	07/30/2020	410316	HCHG MANUAL THERAPY TECHNIQUE 15MIN	97140	1	189.00
Total hospital charges:						189.00

Hospital Payments and Adjustments

Date	Description	Amount
08/17/20	Anthem Payments	-77.45
08/17/20	Anthem Adjustments	-92.19
07/31/20	POS PAYMENT	-19.36
Total hospital payments and adjustments:		-189.00

Account Balance: 0.00



1495 MILL ST
RENO NV 89502-1479

Levy, Patricia Colleen
MRN: 0377727, DOB: [REDACTED], Sex: F

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph: (775) 982-4130

Hospital Account ID: 20443107
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Recurring
Attending Physician: Dalton James, P.A.-C.

Admit Date: 08/03/20
Discharge Date: 08/31/20

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Hospital Charges

Rev. Code	Service Date	Cost Center Code	Description	CPT/ HCPCS	Qty.	Amount
0420	08/03/2020	410316	HCHG E STIM-UNATTENDED-NON WND CARE	97014	1	92.00
0420	08/03/2020	410316	HCHG MANUAL THERAPY TECHNIQUE 15MIN	97140	1	189.00
0420	08/03/2020	410316	HCHG THERAPEUTIC EXERCISE EA 15 MIN	97110	1	205.00
0420	08/06/2020	410316	HCHG E STIM-UNATTENDED-NON WND CARE	97014	1	92.00
0420	08/06/2020	410316	HCHG MANUAL THERAPY TECHNIQUE 15MIN	97140	1	189.00
0420	08/06/2020	410316	HCHG THERAPEUTIC EXERCISE EA 15 MIN	97110	1	205.00
0420	08/10/2020	410316	HCHG E STIM-UNATTENDED-NON WND CARE	97014	1	92.00
0420	08/10/2020	410316	HCHG MANUAL THERAPY TECHNIQUE 15MIN	97140	1	189.00
0420	08/10/2020	410316	HCHG THERAPEUTIC EXERCISE EA 15 MIN	97110	1	205.00
0420	08/13/2020	410316	HCHG E STIM-UNATTENDED-NON WND CARE	97014	1	92.00
0420	08/13/2020	410316	HCHG MANUAL THERAPY TECHNIQUE 15MIN	97140	1	189.00
0420	08/13/2020	410316	HCHG THERAPEUTIC EXERCISE EA 15 MIN	97110	1	205.00
0420	08/18/2020	410316	HCHG THERAPEUTIC EXERCISE EA 15 MIN	97110	1	205.00
0420	08/24/2020	410316	HCHG MANUAL THERAPY TECHNIQUE 15MIN	97140	1	189.00
0420	08/24/2020	410316	HCHG THERAPEUTIC EXERCISE EA 15 MIN	97110	1	205.00
0420	08/26/2020	410316	HCHG MANUAL THERAPY TECHNIQUE 15MIN	97140	1	189.00
0420	08/26/2020	410316	HCHG THERAPEUTIC EXERCISE EA 15 MIN	97110	1	205.00



1495 MILL ST
RENO NV 89502-1479

Levy, Patricia Colleen
MRN: 0377727, DOB: [REDACTED], Sex: F

Rev. Code	Service Date	Cost Center Code	Description	CPT/HCPCS	Qty.	Amount
0424	08/18/2020	410316	HCHG PT EVAL MOD COMPLEX 30 MIN	97162	1	573.00
Total hospital charges:						3,510.00

Hospital Payments and Adjustments

Date	Description	Amount
09/14/20	Anthem Payments	-1,438.30
09/14/20	Anthem Adjustments	-1,712.17
07/31/20	POS PAYMENT	-37.77
08/07/20	POS PAYMENT	-90.15
08/11/20	POS PAYMENT	-28.79
08/14/20	POS PAYMENT	-28.79
08/19/20	POS PAYMENT	-28.79
08/27/20	POS PAYMENT	-78.58
Total hospital payments and adjustments:		-3,443.34

Account Balance: 66.66



1495 MILL ST
RENO NV 89502-1479

Levy, Patricia Colleen
MRN: 0377727, DOB: [REDACTED], Sex: F

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 20758497
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue
Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Courtney K. Parento,
A.P.R.N.

Admit Date: 08/28/20
Discharge Date: 08/28/20

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Professional Charges

Service Date	Proc. Code	Description	Qty.	Amount
08/28/2020	99214	OFFICE/OUTPT VISIT,EST.LEVL IV	1	222.00
Total professional charges:				222.00

Professional Payments and Adjustments

Date	Description	Amount
08/28/20	CO-PAYMENT	-35.00
Total professional payments and adjustments:		-35.00

Account Balance: 187.00



Levy, Patricia Colleen
MRN: 0377727, DOB: [REDACTED], Sex: F

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph: (775) 982-4130

Hospital Account ID: 20595611
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Recurring
Attending Physician: Dalton James, P.A.-C.

Admit Date: 09/03/20
Discharge Date: 09/30/20

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Hospital Charges

Rev. Code	Service Date	Cost Center Code	Description	CPT/ HCPCS	Qty.	Amount
0420	09/03/2020	410316	HCHG MANUAL THERAPY TECHNIQUE 15MIN	97140	1	189.00
0420	09/03/2020	410316	HCHG THERAPEUTIC EXERCISE EA 15 MIN	97110	1	205.00
0420	09/08/2020	410316	HCHG E STIM-UNATTENDED-NON WND CARE	97014	1	92.00
0420	09/08/2020	410316	HCHG THERAPEUTIC EXERCISE EA 15 MIN	97110	2	410.00
0420	09/10/2020	410316	HCHG MECHANICAL TRACTION	97012	1	101.00
0420	09/10/2020	410316	HCHG THERAPEUTIC EXERCISE EA 15 MIN	97110	2	410.00
0420	09/29/2020	410316	HCHG MECHANICAL TRACTION	97012	1	101.00
Total hospital charges:						1,508.00

Hospital Payments and Adjustments

Date	Description	Amount
10/19/20	Anthem Payments	-617.93
10/19/20	Anthem Adjustments	-735.61
09/04/20	POS PAYMENT	-49.79
09/09/20	POS PAYMENT	-51.42
09/11/20	POS PAYMENT	-0.90
09/30/20	POS PAYMENT	-52.35
Total hospital payments and adjustments:		-1,508.00

Account Balance: 0.00



Levy, Patricia Colleen
MRN: 0377727, DOB: [REDACTED], Sex: F

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 21068908
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Courtney K. Parento,
A.P.R.N.

Admit Date: 10/01/20
Discharge Date: 10/01/20

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Professional Charges

Service Date	Proc. Code	Description	Qty.	Amount
10/01/2020	90471	IMMUNIZ ADMIN,1 SINGLE/COMB VAC/TOXOID	1	77.00
10/01/2020	90686	PR FLU VACCINE QUAD PF SV 0.5ML IM	1	25.00
10/01/2020	99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	1	222.00

Total professional charges: 324.00

Professional Payments and Adjustments

Date	Description	Amount
10/28/20	Anthem Payments	-186.18
10/28/20	Anthem Adjustments	-102.82
10/01/20	CO-PAYMENT	-35.00

Total professional payments and adjustments: -324.00

Account Balance: 0.00



Levy, Patricia Colleen
MRN: 0377727, DOB: [REDACTED], Sex: F

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 21054953
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue
Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Trina B Belair, A.P.R.N.

Admit Date: 10/01/20
Discharge Date: 10/01/20

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Professional Charges

Service Date	Proc. Code	Description	Qty.	Amount
10/01/2020	99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	1	409.00
Total professional charges:				409.00

Professional Payments and Adjustments

Date	Description	Amount
10/28/20	Anthem Payments	-240.35
10/28/20	Anthem Adjustments	-133.65
10/01/20	CO-PAYMENT	-35.00
Total professional payments and adjustments:		-409.00

Account Balance: 0.00



Levy, Patricia Colleen
MRN: 0377727, DOB: [REDACTED] Sex: F

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 21845317
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue
Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Courtney K. Parento,
A.P.R.N.

Admit Date: 12/22/20
Discharge Date: 12/22/20

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Professional Charges

Service Date	Proc. Code	Description	Qty.	Amount
12/22/2020	99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	1	222.00
Total professional charges:				222.00

Professional Payments and Adjustments

Date	Description	Amount
01/18/21	Anthem Payments	-127.53
01/18/21	Anthem Adjustments	-59.47
12/22/20	CO-PAYMENT	-35.00
Total professional payments and adjustments:		-222.00

Account Balance: 0.00



Levy, Patricia Colleen
MRN: 0377727, DOB: [REDACTED], Sex: F

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 21909631
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Courtney K. Parento,
A.P.R.N.

Admit Date: 12/28/20
Discharge Date: 12/28/20

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Hospital Charges

Rev. Code	Service Date	Cost Center Code	Description	CPT/ HCPCS	Qty.	Amount
0300	12/28/2020	200288	HCHG ROUTINE VENIPUNCTURE LAB	36415	1	26.00
0301	12/28/2020	200289	HCHG COMP METABOLIC PANEL	80053	1	90.00
0301	12/28/2020	200289	HCHG CYANOCOBALAMIN - LAB	82607	1	128.00
0301	12/28/2020	200289	HCHG GLYCOHEMOGLOBIN A1C - LAB	83036	1	83.00
0301	12/28/2020	200289	HCHG LIPID PANEL - LAB	80061	1	114.00
0301	12/28/2020	200289	HCHG TSH - LAB	84443	1	143.00
0301	12/28/2020	200289	HCHG VITAMIN D,25 HYDROXY - LAB	82306	1	252.00
0305	12/28/2020	200289	HCHG CBC, AUTO W/AUTOMATED DIFF	85025	1	66.00

Total hospital charges: 902.00

Hospital Payments and Adjustments

Date	Description	Amount
01/11/21	Anthem Payments	-59.53
01/11/21	Anthem Adjustments	-842.47

Total hospital payments and adjustments: -902.00

Account Balance: 0.00

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 22264830
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Seneca A Storm, M.D.

Admit Date: 02/24/21
Discharge Date: 02/24/21

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Professional Charges

Service Date	Proc. Code	Description	Qty.	Amount
02/24/2021	99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	1	409.00
Total professional charges:				409.00

Professional Payments and Adjustments

Date	Description	Amount
03/22/21	Anthem Adjustments	-109.21
02/24/21	CO-PAYMENT (Visa x7790)	-35.00
03/16/21	PRE-PAYMENT ELECTIVE (Visa x7790)	-160.17
Total professional payments and adjustments:		-304.38

Account Balance: 104.62

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 22635634
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Seneca A Storm, M.D.

Admit Date: 03/16/21
Discharge Date: 03/16/21

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Hospital Charges

Rev. Code	Service Date	Cost Center Code	Description	CPT/ HCPCS	Qty.	Amount
0612	03/16/2021	400254	HCHG MRI, LUMBAR SPINE	72148	1	1,165.00
Total hospital charges:						1,165.00

Hospital Payments and Adjustments

Date	Description	Amount
04/12/21	Anthem Payments	-595.20
04/12/21	Anthem Adjustments	-421.00
03/16/21	PRE-PAYMENT ELECTIVE (Visa x7790)	-148.80
Total hospital payments and adjustments:		-1,165.00

Account Balance: 0.00

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 22506849
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Seneca A Storm, M.D.

Admit Date: 03/17/21
Discharge Date: 03/17/21

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Hospital Charges

Rev. Code	Service Date	Cost Center Code	Description	CPT/ HCPCS	Qty.	Amount
0250	03/17/2021	410211	LIDOCAINE PF 2 % SOLN		1	5.75
0255	03/17/2021	410313	IOHEXOL 240 MG/ML SOLN	Q9966	3	26.25
0636	03/17/2021	410211	METHYLPREDNISOLONE ACETATE 80 MG/ML SUSP	J1040	1	79.75
0761	03/17/2021	410313	HCHG INJECTION-SACROILIAC-ANES/STER	G0260	1	3,750.00

Total hospital charges: 3,861.75

Hospital Payments and Adjustments

Date	Description	Amount
04/12/21	Anthem Payments	-1,582.40
04/12/21	Anthem Adjustments	-1,883.75

Total hospital payments and adjustments: -3,466.15

Account Balance: 395.60

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 22709634
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Seneca A Storm, M.D.

Admit Date: 03/17/21
Discharge Date: 03/17/21

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Professional Charges

Service Date	Proc. Code	Description	Qty.	Amount
03/17/2021	27096	INJECTION,SACROILIAC JOINT	1	494.00
Total professional charges:				494.00

Professional Payments and Adjustments

Date	Description	Amount
04/19/21	Anthem Adjustments	-338.60
Total professional payments and adjustments:		-338.60

Account Balance: 155.40

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 22791662
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Seneca A Storm, M.D.

Admit Date: 03/26/21
Discharge Date: 03/26/21

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Professional Charges

Service Date	Proc. Code	Description	Qty.	Amount
03/26/2021	99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	1	379.00
Total professional charges:				379.00

Professional Payments and Adjustments

Date	Description	Amount
04/26/21	Anthem Payments	-211.35
04/26/21	Anthem Adjustments	-114.82
03/26/21	CO-PAYMENT (Visa x7790)	-35.00
Total professional payments and adjustments:		-361.17

Account Balance: 17.83

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 23292272
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Seneca A Storm, M.D.

Admit Date: 05/18/21
Discharge Date: 05/18/21

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Professional Charges

Service Date	Proc. Code	Description	Qty.	Amount
05/18/2021	99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	1	400.00
Total professional charges:				400.00

Professional Payments and Adjustments

Date	Description	Amount
06/08/21	Anthem Payments	-211.35
05/21/21	Anthem Adjustments	-135.82
05/18/21	CO-PAYMENT (Visa x0446)	-35.00
Total professional payments and adjustments:		-382.17

Account Balance: 17.83

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 23476634
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Seneca A Storm, M.D.

Admit Date: 06/06/21
Discharge Date: 06/06/21

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Hospital Charges

Rev. Code	Service Date	Cost Center Code	Description	CPT/ HCPCS	Qty.	Amount
0610	06/06/2021	400254	HCHG MRI, PELVIS, W/O CONTRAST	72195	1	1,496.00
Total hospital charges:						1,496.00

Hospital Payments and Adjustments

Date	Description	Amount
06/28/21	Anthem Payments	-595.20
06/28/21	Anthem Adjustments	-752.00
06/06/21	PRE-PAYMENT ELECTIVE (Visa x0446)	-148.80
Total hospital payments and adjustments:		-1,496.00

Account Balance: 0.00

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 23511545
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Seneca A Storm, M.D.

Admit Date: 06/10/21
Discharge Date: 06/10/21

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Professional Charges

Service Date	Proc. Code	Description	Qty.	Amount
06/10/2021	99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	1	272.00
Total professional charges:				272.00

Professional Payments and Adjustments

Date	Description	Amount
06/14/21	Anthem Adjustments	-75.81
06/10/21	CO-PAYMENT (Visa x0446)	-35.00
Total professional payments and adjustments:		-110.81

Account Balance: 161.19

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 23562058
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Seneca A Storm, M.D.

Admit Date: 06/23/21
Discharge Date: 06/23/21

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Hospital Charges

Rev. Code	Service Date	Cost Center Code	Description	CPT/ HCPCS	Qty.	Amount
0250	06/23/2021	410211	LIDOCAINE PF 2 % SOLN		1	5.75
0255	06/23/2021	410313	IOHEXOL 240 MG/ML SOLN	Q9966	5	43.75
0636	06/23/2021	410211	BUPIVACAINE 0.25% 0.25 % SOLN 10 ML VIAL	J3490	10	21.50
0636	06/23/2021	410211	DEXAMETHASONE PF 10 MG/ML SOLN	J1100	10	41.25
0761	06/23/2021	410313	HCHG INJ/ASPIR-LARGE JT/BURSA W/O US GUIDE	20610	1	1,698.00

Total hospital charges: 1,810.25

Hospital Payments and Adjustments

Date	Description	Amount
06/30/21	Anthem Adjustments	-883.03
Total hospital payments and adjustments:		-883.03

Account Balance: 927.22

DETAIL BILL

Renown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 23669271
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue

Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Seneca A Storm, M.D.

Admit Date: 06/23/21
Discharge Date: 06/23/21

Primary Payor: Anthem - Anthem Bcbs
Secondary Payor:

Professional Charges

Service Date	Proc. Code	Description	Qty.	Amount
06/23/2021	20610	DRAIN/INJECT LARGE JOINT/BURSA	1	128.00
06/23/2021	77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT	1	76.00
Total professional charges:				204.00

Professional Payments and Adjustments

Date	Description	Amount
06/28/21	Anthem Adjustments	-66.08
Total professional payments and adjustments:		-66.08

Account Balance: 137.92



1155 MILL STREET
RENO NV 89502-1576

Levy, Patricia Colleen
MRN: 0377727, DOB: [REDACTED], Sex: F

DETAIL BILL

Ranown Health
1155 Mill Street
Reno, NV - 89502
Ph:(775)982-4130

Hospital Account ID: 23908087
Guarantor ID: 133789

Guarantor Name/Address:
Patricia Colleen Levy
1915 Brisbane Avenue
Reno, NV 89503

Patient Name: Levy, Colleen
Account Class: Outpatient
Attending Physician: Seneca A Storm, M.D.

Admit Date: 07/28/21
Discharge Date: 07/28/21

Primary Payor: Anthem - Anthem Bobs
Secondary Payor:

Professional Charges

Service Date	Proc. Code	Description	Qty.	Amount
07/28/2021	99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	1	400.00
Total professional charges:				400.00

Professional Payments and Adjustments

Date	Description	Amount
08/02/21	Anthem Adjustments	-135.82
07/28/21	CO-PAYMENT (Visa x0446)	-35.00
Total professional payments and adjustments:		-170.82

Account Balance: 229.18

DOCUMENT GENERATED
7/13/2021DATE RANGE START
7/17/2020DATE RANGE END
7/13/2021RESPONSIBLE PARTY
PATRICIA LEVYACCOUNT #
558826-RN01**RENO RADIOLOGICAL ASSOCIATES
CHTD**PO Box 3215
INDIANAPOLIS, IN 46206-3215**Summary of Service Charges**

DOS	Patient	Physician	Phys Tax ID	Service Description	Amount	Insur Pmts	Adjustments	Pat Pmts	Balance
06/06/2021	PATRICIA LEVY	ANTHONY KHUU		72195 - MRI PELVIS W/O DYE	\$343.00	\$0.00	\$0.00	\$0.00	\$343.00
06/06/2021	PATRICIA LEVY	ANTHONY KHUU		G9551 - ABD IMAG NO LES,KID/LIVR/ADR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
03/16/2021	PATRICIA LEVY	SACHIN H SHROFF		72148 - MRI LUMBAR SPINE W/O DYE	\$345.00	\$32.86	\$259.12	\$53.02	\$0.00
07/20/2020	PATRICIA LEVY	JAMES WELCH		73502 - X-RAY EXAM HIP UNI 2-3 VIEWS	\$41.00	\$10.32	\$28.10	\$2.58	\$0.00
07/17/2020	PATRICIA LEVY	THOMAS BEIDLE		72100 - X-RAY EXAM L-S SPINE 2/3 VWS	\$66.00	\$10.32	\$53.10	\$2.58	\$0.00
				Totals:	\$795.00	\$53.50	\$340.32	\$58.18	\$343.00

Reno Orthopedic Clinic

Printed: 6/13/2022

<https://billpay2.poscorp.com/patientpaymentservices/quickpay/Reno%20Orthopaedic?>

Account: 2190892-LEVY,PATRICIA COLLEEN
1915 Brisbane Avenue
Reno, NV 89503
US

Detail for patient: LEVY,PATRICIA COLLEEN							
Service Date	Code	Description	Provider	Charge Amt	Pay/Adj Amt	Ins Due	Pat Due
8/6/21	73502	X-RAY HIP W/WO PELVIS UNI 2-3 VW INSURANCE PAYMENT-ANTHEM CONTRACTUAL WRITE-OFF-ANTHEM PATIENT PAYMENT INSURANCE PAYMENT-ANTHEM CONTRACTUAL WRITE-OFF-ANTHEM INSURANCE PAYMENT-ANTHEM CONTRACTUAL WRITE-OFF-ANTHEM	Sanjai Shukla, M.D.	94.00	37.74 46.83 9.43 -37.74 -46.83 37.74 46.83	0.00	0.00
8/6/21	99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES INSURANCE PAYMENT-ANTHEM CONTRACTUAL WRITE-OFF-ANTHEM PATIENT PAYMENT INSURANCE PAYMENT-ANTHEM CONTRACTUAL WRITE-OFF-ANTHEM INSURANCE PAYMENT-ANTHEM	Sanjai Shukla, M.D.	317.00	221.69 60.31 35.00 -221.69 -60.31 0.00	282.00	0.00
8/16/21	99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	Vadim Goz, M.D.	317.00		0.00	0.00
8/16/21	99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN INSURANCE PAYMENT-ANTHEM CONTRACTUAL WRITE-OFF-ANTHEM PATIENT PAYMENT INSURANCE PAYMENT-ANTHEM CONTRACTUAL WRITE-OFF-ANTHEM INSURANCE PAYMENT-ANTHEM INSURANCE PAYMENT-ANTHEM	Vadim Goz, M.D.	206.00	221.69 60.31 35.00 -221.69 -60.31 0.00 0.00	0.00	171.00
Totals:				934.00	164.00	282.00	171.00

Pay/Adj Summary
CONTRACTUAL WRITE-OFF 46.83

INSURANCE PAYMENT	37.74
PATIENT PAYMENT	79.43

Northern Nevada Chiropractic
5301 Longley Ln. #B43
Reno, NV 89511
Phone: (775) 829-8686 Fax: (775) 829-1389

Patient Statement

Statement Date: Saturday, April 30, 2022

For Activity: 08/25/2020 thru 04/30/2022

Colleen Levy

Cell: (775) 544-7760

1915 Brisbane Ave
Reno, NV 89503

Patient Balance: \$0.00

Colleen Levy										10012383-Grp Hlth Plan
Date	Type	Code	Description	Charge	Ins Amount	Patient Amount	Payment	Adjust	Tax	Balance
08/24/2020	MPBF		Balance Forward				\$19.00			(\$19.00)
08/25/2020	MPOT		Invoice for Copies			\$5.00				(\$14.00)
08/28/2020	CSV	97032	NMS Therapy 25	\$25.00	\$10.00	\$15.00				\$1.00
08/28/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$9.00	\$0.00		(\$56.00)		\$1.00
08/28/2020	PCC		Payment-Credit Card				\$15.00			(\$14.00)
09/01/2020	CSV	97032	NMS Therapy 25	\$25.00	\$10.00	\$15.00				\$1.00
09/01/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$9.00	\$0.00		(\$56.00)		\$1.00
09/01/2020	PCC		Payment-Credit Card				\$45.00			(\$44.00)
09/08/2020	CSV	97032	NMS Therapy 25	\$25.00	\$10.00	\$15.00				(\$29.00)
09/08/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$9.00	\$0.00		(\$56.00)		(\$29.00)
09/08/2020	PCC		Payment-Credit Card				\$15.00			(\$44.00)
09/15/2020	CSV	97032	NMS Therapy 25	\$25.00	\$10.00	\$15.00				(\$29.00)
09/15/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$9.00	\$0.00		(\$56.00)		(\$29.00)
09/15/2020	PCC		Payment-Credit Card				\$15.00			(\$44.00)
09/22/2020	CSV	97032	NMS Therapy 25	\$25.00	\$10.00	\$15.00				(\$29.00)
09/22/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$9.00	\$0.00		(\$56.00)		(\$29.00)
09/22/2020	CSV	97140	Flexion Distraction	\$25.00		\$25.00				(\$4.00)
09/22/2020	PCC		Payment-Credit Card				\$45.00			(\$49.00)
09/23/2020	MPOT		Payment for Copies 63310 BDJ				\$5.00			(\$54.00)
09/29/2020	CSV	97032	NMS Therapy 25	\$25.00	\$10.00	\$15.00				(\$39.00)
09/29/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$9.00	\$0.00		(\$56.00)		(\$39.00)
09/29/2020	CSV	S9090	ABN Decompression	\$45.00		\$45.00				\$6.00
10/06/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$21.00
10/06/2020	PCC		Payment-Credit Card				\$40.00			(\$19.00)
10/20/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		(\$4.00)
10/20/2020	CSV	S9090	ABN Decompression	\$45.00		\$45.00				\$41.00
10/20/2020	PCC		Payment-Credit Card				\$60.00			(\$19.00)
10/28/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		(\$4.00)
10/28/2020	CSV	S9090	ABN Decompression	\$45.00		\$45.00				\$41.00
10/28/2020	PCC		Payment-Credit Card				\$41.00			\$0.00
11/10/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
11/10/2020	CSV	S9090	ABN Decompression	\$45.00		\$45.00				\$60.00
11/10/2020	PCC		Payment-Credit Card				\$60.00			\$0.00
11/18/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
11/18/2020	CSV	S9090	ABN Decompression	\$45.00		\$45.00				\$60.00
11/18/2020	PCC		Payment-Credit Card				\$60.00			\$0.00
11/24/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00

Northern Nevada Chiropractic
5301 Longley Ln. #B43
Reno, NV 89511
Phone: (775) 829-8686 Fax: (775) 829-1389

Patient Statement

Statement Date: Saturday, April 30, 2022

For Activity: 08/25/2020 thru 04/30/2022

Colleen Levy

Cell: (775) 544-7760

1915 Brisbane Ave
Reno, NV 89503

Patient Balance: \$0.00

Colleen Levy						10012383-Grp Hlth Plan				
Date	Type	Code	Description	Charge	Ins Amount	Patient Amount	Payment	Adjust	Tax	Balance
11/24/2020	CSV	S9090	ABN Decompression	\$45.00		\$45.00				\$60.00
11/24/2020	PDD		Payment-Direct Debit				\$60.00			\$0.00
12/01/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
12/01/2020	CSV	S9090	ABN Decompression	\$45.00		\$45.00				\$60.00
12/01/2020	PCC		Payment-Credit Card				\$60.00			\$0.00
12/08/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
12/08/2020	CSV	S9090	ABN Decompression	\$45.00		\$45.00				\$60.00
12/08/2020	PCC		Payment-Credit Card				\$60.00			\$0.00
12/15/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
12/15/2020	CSV	S9090	ABN Decompression	\$45.00		\$45.00				\$60.00
12/15/2020	PCC		Payment-Credit Card				\$60.00			\$0.00
12/28/2020	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
12/28/2020	CSV	S9090	ABN Decompression	\$45.00		\$45.00				\$60.00
12/28/2020	PCC		Payment-Credit Card				\$60.00			\$0.00
01/05/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
01/05/2021	CSV	S9090	ABN Decompression	\$45.00		\$45.00				\$60.00
01/05/2021	PCC		Payment-Credit Card				\$60.00			\$0.00
01/12/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
01/12/2021	CSV	97530	ABS Decompression Session	\$50.00		\$45.00		(\$5.00)		\$60.00
01/12/2021	PCC		Payment-Credit Card				\$60.00			\$0.00
01/19/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
01/19/2021	CSV	97530	ABS Decompression Session	\$50.00		\$45.00		(\$5.00)		\$60.00
01/19/2021	PCC		Payment-Credit Card				\$60.00			\$0.00
01/26/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
01/26/2021	CSV	97530	ABS Decompression Session	\$50.00		\$45.00		(\$5.00)		\$60.00
01/26/2021	PCC		Payment-Credit Card				\$60.00			\$0.00
02/02/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
02/02/2021	CSV	97530	ABS Decompression Session	\$50.00		\$45.00		(\$5.00)		\$60.00
02/02/2021	PCC		Payment-Credit Card				\$60.00			\$0.00
02/09/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
02/09/2021	CSV	97530	ABS Decompression Session	\$50.00		\$45.00		(\$5.00)		\$60.00
02/09/2021	PCC		Payment-Credit Card				\$60.00			\$0.00
02/16/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
02/16/2021	CSV	97530	ABS Decompression Session	\$50.00		\$45.00		(\$5.00)		\$60.00

Northern Nevada Chiropractic
5301 Longley Ln. #B43
Reno, NV 89511
Phone: (775) 829-8686 Fax: (775) 829-1389

Patient Statement

Statement Date: Saturday, April 30, 2022

For Activity: 08/25/2020 thru 04/30/2022

Colleen Levy

Cell: (775) 544-7760

1915 Brisbane Ave
Reno, NV 89503

Patient Balance: \$0.00

Colleen Levy						10012383-Grp Hlth Plan				
Date	Type	Code	Description	Charge	Ins Amount	Patient Amount	Payment	Adjust	Tax	Balance
02/16/2021	PCC		Payment-Credit Card				\$60.00			\$0.00
02/23/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
02/23/2021	CSV	97530	ABS Decompression Session	\$50.00		\$45.00		(\$5.00)		\$60.00
02/23/2021	PCC		Payment-Credit Card				\$60.00			\$0.00
03/02/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
03/02/2021	CSV	97530	ABS Decompression Session	\$50.00		\$0.00		(\$50.00)		\$15.00
03/02/2021	PCC		Payment-Credit Card				\$60.00			(\$45.00)
03/10/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		(\$30.00)
03/10/2021	CSV	97530	ABS Decompression Session	\$50.00		\$45.00		(\$5.00)		\$15.00
03/10/2021	PCC		Payment-Credit Card				\$60.00			(\$45.00)
03/23/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		(\$30.00)
03/23/2021	CSV	S9090	ABN Decompression	\$45.00		\$45.00				\$15.00
03/23/2021	PCC		Payment-Credit Card				\$60.00			(\$45.00)
05/12/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		(\$30.00)
05/12/2021	CSV	S9090	ABN Decompression	\$45.00		\$45.00				\$15.00
05/12/2021	PDD		Payment-Direct Debit				\$60.00			(\$45.00)
05/19/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		(\$30.00)
05/19/2021	CSV	S9090	ABN Decompression	\$45.00		\$45.00				\$15.00
05/19/2021	PCC		Payment-Credit Card				\$15.00			\$0.00
05/26/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
05/26/2021	CPT	S9090	Patient ABS/Saunders - S9090	\$45.00		\$45.00				\$60.00
05/26/2021	PCC		Payment-Credit Card				\$60.00			\$0.00
06/03/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
06/03/2021	CPT	S9090	Patient ABS/Saunders - S9090	\$45.00		\$45.00				\$60.00
06/03/2021	PCC		Payment-Credit Card				\$60.00			\$0.00
07/28/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
07/28/2021	CPT	S9090	Patient ABS/Saunders - S9090	\$45.00		\$45.00				\$60.00
07/28/2021	PCC		Payment-Credit Card				\$60.00			\$0.00
08/04/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
08/04/2021	CPT	S9090	Patient ABS/Saunders - S9090	\$45.00		\$45.00				\$60.00
08/04/2021	PCC		Payment-Credit Card				\$60.00			\$0.00
08/19/2021	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
08/19/2021	CPT	S9090	Patient ABS/Saunders - S9090	\$45.00		\$45.00				\$60.00

Northern Nevada Chiropractic
5301 Longley Ln. #B43
Reno, NV 89511
Phone: (775) 829-8686 Fax: (775) 829-1389

Patient Statement

Statement Date: Saturday, April 30, 2022

For Activity: 08/25/2020 thru 04/30/2022

Colleen Levy
1915 Brisbane Ave
Reno, NV 89503

Cell: (775) 544-7760

Patient Balance: \$0.00

Colleen Levy						10012383-Grp Hlth Plan				
Date	Type	Code	Description	Charge	Ins Amount	Patient Amount	Payment	Adjust	Tax	Balance
08/19/2021	PCC		Payment-Credit Card				\$60.00			\$0.00
03/14/2022	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
03/14/2022	CPT	S9090	Patient ABS/Saunders - S9090	\$45.00		\$45.00				\$60.00
03/14/2022	PCC		Payment-Credit Card				\$60.00			\$0.00
03/22/2022	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
03/22/2022	CPT	S9090	Patient ABS/Saunders - S9090	\$45.00		\$45.00				\$60.00
03/22/2022	PCC		Payment-Credit Card				\$60.00			\$0.00
03/29/2022	CSV	98941	SMT 3-4 Areas	\$65.00	\$19.00	\$15.00		(\$31.00)		\$15.00
03/29/2022	CPT	S9090	Patient ABS/Saunders - S9090	\$45.00		\$45.00				\$60.00
03/29/2022	PCC		Payment-Credit Card				\$60.00			\$0.00
Balance:										\$0.00

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 + Days
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Please cut along the line and enclose this portion with your payment.

Colleen Levy
1915 Brisbane Ave
Reno, NV 89503

Account: 10012383-Grp Hlth Plan

Patient Balance: \$0.00 Due Date: 05/30/2022
Please pay this Amount: \$0.00
Payment Amount: _____

CC #: - - - Exp: _____ CCV: _____ Name: _____

Northern Nevada Chiropractic
5301 Longley Ln. #B43
Reno, NV 89511

Insurance payments and contracted discounts have been applied to this account. The remaining balance is the responsibility of the patient. If you have any questions please do not hesitate to contact our office.

01/13/2022 8:32 AM

Account Financial History By Service Date SpineNevada

Page 1

Selections:**Service Dates:** 07/17/2020 - 01/13/2022**Accounts:** 60489**Activity Types:** Charges, Payments, Adjustments, Transfers, Refunds**Type Date Legend:**

Charges - Service Date, Credits - Post Date

Account Date	Type	Name / Description	Provider	Proc Code	Ref Date	Diagnosis	Units	Amount
60489 Levy, Patricia								
10/21/2021	PMT				10/21/2021			-35.00
10/21/2021	CHG	Levy, Patricia	HMD	99203	10/22/2021	S33.6XXA	1.00	450.00
11/12/2021	PMT	47487904			11/12/2021			-141.43
11/12/2021	ADJ	CONTRACT						-273.22
12/02/2021	PMT	53950239			12/02/2021			-52.40
12/02/2021	CHG	Levy, Patricia	HMD	27096	12/03/2021	M46.1	1.00	1,978.00
12/02/2021	CHG	Levy, Patricia	HMD	J3301	12/03/2021	M46.1	1.00	41.00
12/02/2021	CHG	Levy, Patricia	SPINE	00005	12/26/2021	M46.1	1.00	99.47
12/26/2021	PMT	475747632			12/26/2021			-210.55
12/26/2021	ADJ	CONTRACT						-1,768.41
12/26/2021	ADJ	GENADJ						-99.47
12/26/2021	ADJ	CONTRACT						-39.80
01/06/2022	PMT	55285524			01/06/2022			-35.00
01/06/2022	CHG	Levy, Patricia	HMD	99213	01/07/2022	M25.551	1.00	264.00
Account Totals: PMT: 474.38 RFD: 0.00 XFR: 0.00 ADJ: 2,180.90 CHG: 2,832.47 5.00 177.19								
Report Totals: PMT: 474.38 RFD: 0.00 XFR: 0.00 ADJ: 2,180.90 CHG: 2,832.47 5.00 177.19								

04/22/2022 9:13 AM

Account Financial History By Service Date

SpineNevada

Page 1

Selections:**Service Dates:** 01/07/2022 - 04/22/2022**Accounts:** 60489**Activity Types:** Charges, Payments, Adjustments, Transfers, Refunds**Type Date Legend:**

Charges - Service Date, Credits - Post Date

Account	Date	Type	Name / Description	Provider	Proc Code	Ref Date	Diagnosis	Units	Amount
60489			Levy, Patricia C						
	01/28/2022	ADJ	CONTRACT						-144.60
	02/03/2022	PMT	56476517						-35.00
	02/03/2022	CHG	Levy, Patricia C	HMD	20611	02/03/2022		1.00	1,906.00
	02/03/2022	CHG	Levy, Patricia C	HMD	J3301	02/04/2022	M46.1	1.00	41.00
	02/17/2022	PMT	47688361			02/04/2022	M46.1		-53.03
	02/17/2022	ADJ	CONTRACT			02/17/2022			-1,755.88
	02/17/2022	ADJ	CONTRACT						-39.89
	03/03/2022	PMT	57687350			03/03/2022			-35.00
	03/03/2022	CHG	Levy, Patricia C	HMD	99214	03/03/2022	M25.551	1.00	558.00
	03/17/2022	PMT	47752867			03/04/2022			-140.50
	03/17/2022	ADJ	CONTRACT			03/17/2022			-382.38
Account Totals:									
		PMT:	263.53	RFD:	0.00	XFR:	0.00	ADJ:	2,322.75
								CHG:	2,505.00
									3.00
									-81.28
Report Totals:									
		PMT:	263.53	RFD:	0.00	XFR:	0.00	ADJ:	2,322.75
								CHG:	2,505.00
									3.00
									-81.28

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→ LEVY, PATRICIA 03-18-1968

SpineNevada

© 04-22-2022 9:17 AM

05/24/2022 4:30 PM

Account Financial History By Service Date

SpineNevada

Page 1

Selections:**Service Dates:** 03/04/2022 - 05/24/2022**Accounts:** 60489**Activity Types:** Charges, Payments, Adjustments, Transfers, Refunds**Type Date Legend:**

Charges - Service Date, Credits - Post Date

Account	Date	Type	Name / Description	Provider	Proc Code	Ref Date	Diagnosis	Units	Amount				
60489			Levy, Patricia C										
	03/17/2022	PMT	47752867		Check from BCBS	03/17/2022			-140.50				
	03/17/2022	ADJ	CONTRACT		Contractual Adjustment				-382.38				
	04/29/2022	PMT	60167945		Charge from Levy, Patricia C	04/29/2022			-26.20				
	04/29/2022	CHG	Levy, Patricia C	HMD	27096-RT	04/29/2022	M46.1	1.00	1,978.00				
	04/29/2022	CHG	Levy, Patricia C	HMD	J3301	04/29/2022	M46.1	2.00	82.00				
Account Totals:		PMT:	166.70	RFD:	0.00	XFR:	0.00	ADJ:	382.38	CHG:	2,060.00	3.00	1,510.92
Report Totals:		PMT:	166.70	RFD:	0.00	XFR:	0.00	ADJ:	382.38	CHG:	2,060.00	3.00	1,510.92

FILED
Electronically
CV22-01098
2022-08-24 03:17:47 PM
Alicia L. Lerud
Clerk of the Court
Transaction # 9224271

EXHIBIT 2

EXHIBIT 2

Robert G. Berry, M.D.

6630 S. McCarran Blvd., Suite A-3

Reno, Nevada 89509

Phone (775) 448-9450

Fax (866) 571-0056

Friday May 27th, 2022

RE: LEVY, PATRICIA

DOB: [REDACTED]

DOI: 07/17/2020

FUTURE MEDICAL COST LETTER

Dear Mr. Haywood:

You have been requested an estimate of the future medical care needs for Ms. Levy for the right SI joint fusion procedure, which has been recommended by her physician, Dr. McDermott.

MEDICAL CHART REVIEW

These records have been collated and placed in chronological order by administrative staff. Though all entries are read, non-pertinent entries (e.g., common cold) may not receive comment. Illegible and/or undated material may not be commented upon.

10/21/2021 Hugh McDermott, M.D. She is here for ongoing right-sided low back pain following an accident at Wal-Mart. She was bending to get something when a cart carrying products struck her from behind and knocked her onto the ground. She immediately had pain in her right low back, radiating up the right side and to the anterior thigh. She started chiropractic treatment with Dr. Riley for one year. She had MRI completed at Renown. She had an SI completed with no relief and patient stated that contrast spread out of the joint. She had a hip injection with 24 hours of relief only and she is thinking that maybe the relief is from the steroid alone. The pain is localized in the right SI region and hip. She has to constantly change positions. Pain is 6/10. She is taking gabapentin 300 mg four times daily. Was seen by Dr. Shukla and Dr. Raz. No spine surgery is deemed necessary. On physical exam she has tenderness to palpation right low back. Positive PSIS tenderness, positive Gaenslen's test and Yeoman's test on the right. Recommend repeating the right SI joint injection and monitoring contrast spread. If leaking out of the capsule then this would be an inaccurate SI joint diagnostic and could still consider fusion if patient would like. If contained but still no relief of symptoms then would not consider.

12/02/2021 Procedure note by Hugh McDermott, M.D. for a fluoroscopically guided sacroiliac joint injection on the right.

RE: LEVY, PATRICIA

DOB: [REDACTED]

Friday May 27th, 2022

Page 2 of 5

- 01/06/2022 Hugh McDermott, M.D. HPI unchanged from previous. On exam she has tenderness to palpation right low back. Positive right PSIS tenderness. Patrick's and FABER's causes lateral hip pain. Positive Gaenslen's and Yeoman's test on the right. She has had chronic right-sided low back pain that has been refractory to chiropractic treatments for one year. She has had 20 sessions of physical therapy and one SI joint injection. She had excellent relief with RSI joint injection. We will see how long it lasts. She would be a great candidate for fusion should she elect to move forward with it. We will schedule a right greater trochanteric bursa injection with ultrasound guidance. Continue exercise program.
- 02/03/2022 Hugh McDermott, M.D. This is a procedure note for a right ultrasound-guided greater trochanteric bursa injection.
- 03/03/2022 Hugh McDermott, M.D. She is following up after SI joint and greater trochanteric bursa injections. She noticed much more significant improvement after the SI joint injection, however, not bothersome to the outside of her hip as much as prior. On physical exam she is tender to palpation right low back. Positive PSIS tenderness. FABER's causes lateral hip pain. Positive Gaenslen's and Yeoman's test on the right. Recommend repeating the right SI joint injection. Continue weight loss. She has lost 43 pounds since our initial visit.

HISTORY OF PRESENT ILLNESS: Ms. Patricia Levy is a 54-year-old woman who sustained an injury on 07/17/2020. According to the records, she was bending down to get something while shopping at a Wal-Mart when a cart carrying products struck her from behind and knocked her onto the ground. She had pain right away in her low back on the right side radiating up into the anterior thigh region.

Ms. Levy was treated for approximately one year with chiropractic treatment with Dr. Riley. She was also seen by Dr. Shukla and Dr. Raz. She did have an MRI study completed. She also had an initial SI joint injection which did not give her any relief although the patient stated that "contrast spread out of the joint". She also had a hip injection which gave her about 24 hours of relief.

In October 2021, she was seen by Dr. McDermott, M.D. He noted on exam she was tender to palpation in the right low back with positive PSIS tenderness as well as positive Gaenslen's test and Yeoman's test on the right. He recommended repeating the right SI joint injection and monitoring contrast spread.

On 12/02/2021, Dr. McDermott performed another sacroiliac joint injection on the right. She followed up with him a month later on 01/06/2022. He noted that she had excellent relief with the second right SI joint injection. He felt that Ms. Levy would be a great candidate for a SI joint fusion should she elect to move forward with it. He noted that she had had 20 sessions of physical therapy. She had also had chiropractic treatment for one year. He recommended scheduling a right greater trochanteric bursa injection with ultrasound guidance and continuing a home exercise program.

RE: LEVY, PATRICIA

DOB: [REDACTED]

Friday May 27th, 2022

Page 3 of 5

On 02/03/2022, Dr. McDermott performed a right-sided ultrasound-guided greater trochanteric bursa injection. She followed up with him the following month on 03/03/2022. She had had significant improvement after the bursa injection. On exam, he noted tenderness to palpation in the right low back with positive PSIS tenderness, positive Gaenslen's and Yeoman's test on the right. FABER's caused lateral hip pain. He recommended repeating the right SI joint injection and continue her weight loss. She had lost 43 pounds since her initial visit with him.

SUMMARY OF FUTURE MEDICAL CARE COSTS

Dr. McDermott did feel that Ms. Levy would be a great candidate for an SI joint fusion on the right. The cost for the SI joint fusion would include both professional and facility fees. These costs are outlined in the Future Care Tables attached to this report.

Professional fees are estimated using the 2020 OPTUM 360 National Fee Analyzer¹ for charges between the 50th and 90th percentile range in the Reno, Nevada area.

The CPT code for the SI joint fusion is 27279. The surgeon's fees for CPT 27279 range from a low-end range (50th percentile) of \$2,101 to high-end range (90th percentile) of \$4,909. For the surgical assist, the fees are assumed to be 20% of the surgeon's fees, which would equate to a low-end range of \$420 and a high-end range of \$981.

Anesthesia estimates were determined using the standard equation, the conversion factor from the US Department of Veterans' Affairs² and base units for CPT code 01170 which is for anesthesia for open procedures involving the symphysis pubis or sacroiliac joint. An assumption of 1.5 hours of surgery time was used as well. Calculating the anesthesia time plus base units multiplied by conversion factor, the total anesthesia estimate was \$2,481.

The facility fee estimates to perform the SI joint fusion was quoted from Quail Surgery Center in Reno, Nevada (which is an out-patient surgery center) at \$23,201.

Taking into account the surgeon's fees, the surgical assist fees, anesthesia and facility fees, the total estimated cost of the SI joint fusion ranges from \$28,204 to \$31,574.

Ms. Levy will also require follow-up with her pain management physician. This would be one follow-up visit every month for the next three months and a follow-up visit every other month for three months. The cost for a total of five follow-up visits are included in the Future Care Tables.

Ms. Levy will also require physical therapy after her SI joint fusion surgery. I estimated that she would require between 12 and 24 sessions of physical therapy post-procedure. The low-end range (50th percentile) for physical therapy is estimated to cost \$1,421 for 12 sessions of therapy. The high-end range (90th percentile) for physical therapy is \$4,513 for charges for 24 sessions in the Reno, Nevada area.

The total average future medical care cost for the SI joint fusion procedure, which includes the physical therapy and follow-up treatment with the pain management physician, is \$34,076.77.

RE: LEVY, PATRICIA

DOB: [REDACTED]

Friday May 27th, 2022

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Please see attached Future Care Plan Tables for a specific breakdown on all the costs related to the SI joint fusion procedure and post-operative care needs for Ms. Levy.

If you have any further questions regarding this case, please do not hesitate to contact me.

All of my stated opinions are to a reasonable degree of medical probability. Prior to any deposition, arbitration or trial testimony, I would appreciate the opportunity to review any and all x-rays, MRIs, and any other diagnostic studies that I may not have had a chance to personally review prior to submitting this report. Additionally, I reserve the right to change any of my opinions in part or in their entirety if additional medical records that I have not previously reviewed, and is related to this case, becomes available to me after this report has been submitted. Please contact this office for any further questions related to this case.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Berry, Jr.", written in a cursive style.

Robert G. Berry, Jr., M.D.

Certified, American Board of Physical Medicine and Rehabilitation

Certified, American Board of Electrodiagnostic Medicine

Certified Subspecialty, Pain Management

RGB:kmw

RE: LEVY, PATRICIA

DOB: [REDACTED]

Friday May 27th, 2022

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References

1. *National Fee Analyzer 2020*. (2019). Optuminsight.
2. VHA Office of Community Care. (2020, January 1). Retrieved from <https://www.va.gov/CBO/apps/rates/disclaimer/index.cfm?action=rc&ver=54>.

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Life Care Plan — Future Care Needs
Ms Patricia Levy
Plan Summary Average

DOB:
D/E:
Date Prepared:

Item/Service		Beginning Date	Ending Date	Cost Per Year Avg.**	Number of Years	Total***
Projected Therapeutic Modalities						
1	Physical therapy	2022	2050	\$2,967.89	29	\$2,967.89
Sub Total						\$2,967.89

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Life Care Plan — Future Care Needs
Ms Patricia Levy
Plan Summary Average

DOB:
 D/E:
 Date Prepared:

Item/Service	Beginning Date	Ending Date	Cost Per Year Avg.**	Number of Years	Total***
Future Medical Care					
2 Orthopedic surgeon follow-up	2022	2050	\$243.84	29	\$1,219.22
				Sub Total	\$1,219.22

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Life Care Plan — Future Care Needs
Ms Patricia Levy
Plan Summary Average

DOB:
D/E:
Date Prepared:

Item/Service		Beginning Date	Ending Date	Cost Per Year Avg.**	Number of Years	Total***
Surgical Intervention						
3	Right SI joint fusion	2022	2050	\$29,889.66	29	\$29,889.66
Sub Total						\$29,889.66
Grand Total						\$34,076.77

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Life Care Plan — Future Care Needs
Ms Patricia Levy
Plan Summary Average

DOB:
 D/E:
 Date Prepared:

Item/Service		Beginning Date	Ending Date	Cost Per Year Avg.**	Number of Years	Total***
Projected Therapeutic Modalities						
1	Physical therapy	2022	2050	\$2,967.89	29	\$2,967.89
					Sub Total	\$2,967.89

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Life Care Plan — Future Care Needs
Ms Patricia Levy
Plan Summary Average

DOB:
 D/E:
 Date Prepared:

Item/Service	Beginning Date	Ending Date	Cost Per Year Avg.**	Number of Years	Total***
Future Medical Care					
2 Orthopedic surgeon follow-up	2022	2050	\$243.84	29	\$1,219.22
Sub Total					\$1,219.22

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Life Care Plan — Future Care Needs
Ms Patricia Levy
Plan Summary Average

DOB:
 D/E:
 Date Prepared:

Item/Service	Beginning Date	Ending Date	Cost Per Year Avg.**	Number of Years	Total***
Surgical Intervention					
3 Right SI joint fusion	2022	2050	\$29,889.66	29	\$29,889.66
Sub Total					\$29,889.66
Grand Total					\$34,076.77